

**Office of Administration  
Commissioner's Office**

**REIMBURSEMENT REQUEST FOR OTHER SERVICES**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life - Missouri

Subcontractor: Bethany Christian Services

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled April 24, 2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
June 26, 2017	July Car Payment	\$403.72 ( she makes two car payments/month \$201.86 each, we are requesting to pay both)	Client has requested payment for her July car payments. She is currently pregnant with her third child. She is married. Her husband works 2 jobs. She was working until May as a waitress, but due to the pregnancy she is unable to be on her feet for doing that kind of work. This couple is hard working and live paycheck to paycheck. Without her ability to work right now they will fall behind on bills if assistance is not provided. There are no other funding sources available for car payments in the community.
Amt to be reimbursed		\$403.72	

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Aimee Travers

Alliance for Life Program Manager: *Aimee Hoelscher*

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_